



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

ON SEP -3 PM 1:54

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From <u>19 04</u> to <u>8 23 04</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>137330</u>	4. Candidate Last Name <u>Hawatmeh</u> First Name <u>Nicola</u> M.I. <u>I</u>
2. Committee Name <u>Committee to Elect Nicola Hawatmeh</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Macomb County Commissioner #5</u>
	4b. County of Residence <u>Macomb</u>
5. Committee's Mailing Address <u>32047 Vegas Dr. Warren, MI 48093</u> Area Code and Phone <u>586-264-9776</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address <u>Nicola Hawatmeh</u> <u>32047 Vegas Dr Warren, MI 48093</u> Area Code & Phone <u>(586) 264-9776</u>
7. Treasurer's Business Address <u>32047 Vegas Warren, MI 48093</u> Area Code and Phone <u>586 871-6522</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>SAME</u> Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/12/04  
Month Day Year  
8/13/04

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>Nicola Hawatmeh</u>	Signature	<u>Nicola Hawatmeh</u>	Date	<u>8 31 04</u>
	Type or Print Name		Signature		Mo Day Year
Candidate	<u>Nicola Hawatmeh</u>	Signature	<u>Nicola Hawatmeh</u>	Date	<u>8 31 04</u>
	Type or Print Name		Signature		Mo Day Year



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1. Committee I.D. Number 137336  
2. Committee Name C.T.E Nicola Hawatmeh

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>425.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u># 425.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>425.00</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>425.00</u>	(20.) \$ <u>10,647.45</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ <u>4822.04</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>5400.36</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>425.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5825.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5825.36</u>	



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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330  
2. Committee Name C.T.E Nicola Hawatmeh

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/10/04</u> Name: <u>Macomb County Republicans</u> Address: <u>48129 Van Dyke</u> <u>Shelby Twp, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/12/04</u> Name: <u>Ahmad Chebbani</u> Address: <u>211 Woodcrest Dr</u> <u>Dearborn, MI 48124</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/14/04</u> Name: <u>C.T.E Bill Nearon</u> Address: <u>22601 Lange</u> <u>St. Clair Shores, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>75.00</u>	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>\$425.00</u>	

Enter this total on  
line 3 of Summary  
Page.